

INDIANA STATE DEPARTMENT OF HEALTH

Emergency Rule LSA Document #06-517(E)

DIGEST

Temporarily requires the reporting of influenza associated human deaths to the department.

Authority: IC 4-22-2-37.1; IC 16-19-3-4; IC 16-41-1-2. Effective November 10, 2006.

SECTION 1. The definitions in this document apply throughout this document.

SECTION 2. “Commissioner” means the state health commissioner or authorized officers, employees, or agents of the department.

SECTION 3. “Department” means the Indiana State Department of Health.

SECTION 4. “Local health officer” means the county/city health officer or authorized officers, employees, or agents of the county/city health department.

SECTION 5. “Pandemic influenza activity” means influenza infection caused by a novel influenza virus for humans, which is efficiently transmitted from person to person, and that results in moderate or severe illness.

SECTION 6. It shall be the duty of each physician licensed under IC 25-22.5, and each administrator of a hospital licensed under IC 16-21, or the administrator’s representative, to report the following:

(a) A human death in which an influenza diagnosis has been detected in the deceased by:

- 1. Commercial rapid antigen testing;**
- 2. Viral culture;**
- 3. Direct Fluorescent Antibody (DFA);**
- 4. Indirect Fluorescent Antibody (IFA);**
- 5. Enzyme immunoassay;**
- 6. Reverse transcriptase-polymerase chain reaction (RT-PCR);**
- or,**
- 7. Immunohistochemistry (IHC).**

(b) A human death in which a strong probability of influenza has been detected in the deceased based on clinically compatible symptoms under the following circumstances:

- 1. An Influenza Pandemic has been declared by the World Health Organization (WHO);**

2. Known pandemic influenza activity is occurring in the United States as determined by the Centers for Disease Control and Prevention (CDC); or
3. Known pandemic influenza activity is occurring in the local community as determined by the commissioner.

SECTION 7. Reporting of specimen results by a laboratory to health officials does not nullify the physician's or administrator's obligations under SECTION 6 to report said death.

SECTION 8. The report required by SECTION 6 shall be made to the local health officer in whose jurisdiction the patient was examined at the time the diagnosis was made. If the deceased was a resident of a different jurisdiction, the local health jurisdiction receiving the report shall immediately forward the report to the local health jurisdiction where the patient resided. If a person who is required to report is unable to make a report to the local health officer within the time mandated by this rule, a report shall be made directly to the department within the time mandated by this rule.

SECTION 9. A report shall include the following:

- (a) The deceased's:
 1. Full name;
 2. street address;
 3. city;
 4. zip code;
 5. county of residence;
 6. telephone number;
 7. age or date of birth;
 8. sex; and
 9. race and ethnicity.
- (b) Date of onset.
- (c) Diagnosis.
- (d) Definitive diagnostic test results
- (e) Name, address, and telephone number of the attending physician.
- (f) Other epidemiologically necessary information requested by the local health officer or the commissioner.
- (g) Name, address, and telephone number of person completing the report.

SECTION 10. The death shall be reported to the local health officer within seventy-two (72) hours of first knowledge of death by telephone, electronic data transfer, other confidential means of communication, or official report forms furnished by the department.

SECTION 11. SECTIONS 1 – 10 of this document take effect November 10, 2006.